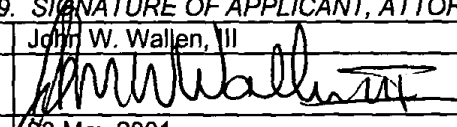


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Box-SeqPlease type a plus sign (+) inside this box → ☐

UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. ORT1436 First Named Inventor or Application Identifier SMITH-SWINTOSKY, Virginia Express Mail Label No. EK889647841US
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages 47] <i>(Preferred arrangement set forth below)</i> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 25] 4. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Unexecuted original c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional check boxes 5 and 16)</i> i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference <i>(useable if Box 4c is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Copy b. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: Express Mail Certification
16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Amend the specification by inserting before the first line: -- This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed . -- 17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee.		
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		
19. TELEPHONE CONTACT: Please direct all telephone calls or telefaxes to John W. Wallen, III at: Telephone: (858) 784-3239 Fax: (732) 524-2808		
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	John W. Wallen, III Reg. No. 35,403	
SIGNATURE		
DATE	23 May 2001	

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FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	23 May 2001
	First Named Inventor	SMITH-SWINTOSKY
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	ORT1436

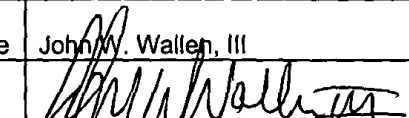
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	37 - 20 =	17	x 18.00	\$ 306.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 1016.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT1436/JWW in the amount of \$1016.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT1436/JWW. Three copies of this sheet are enclosed.

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	John W. Wallen, III		Reg. No. 35,403
Signature		Date: 5/23/01	Deposit Account No. 10-0750

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Virginia SMITH-SWINTOSKY, Michael RENZI, Carlos PLATA-SALAMAN, Linda JOLLIFFE, Francis FARRELL and Dana JOHNSON

For: NEUROPROTECTIVE PEPTIDES
Filed: 23 May 2001

Express Mail Certificate

"Express Mail" mailing number: EK889647841US

Date of Deposit: May 23, 2001

I hereby certify that this complete application, including specification pages, claims, informal drawings, Declaration and Power of Attorney (unsigned), and Sequence Listing diskette, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

John W. Wallen, III

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

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